



Coordination of Benefits Form – Complete and Return. See page 3.

For Your Benefit

The Warehouse Employees Union Local No. 730 Trust Funds

www.associated-admin.com

April 2017 Vol. 22, No. 1

Landover Fund Office Moved to New Location on April 1st

On April 1, 2017, Associated Administrators, LLC moved its Landover office to 8400 Corporate Drive, Suite 430, just a quarter mile from our old location. The new address is:

Landover Fund Office
8400 Corporate Drive, Suite 430
Landover, MD 20785-2361

The Landover telephone number has not changed. It remains toll-free (800) 730-2241. Associated's office in Sparks, Maryland has not moved.



Fund Office Offers Translation Service to Help Participants

The Fund Office subscribes to a service to help us speak with people for whom English is not their primary language. Language Line Services allows us to have a three-way telephone conversation that includes the participant, a Participant Services representative from the Fund Office, and a language translator.

Language Line Services allows the Fund Office to speak with people in a number of languages, including Spanish, French, Mandarin, Vietnamese, Burmese and more.

To reach Participant Services, call (800) 730-2241 and when the pre-recorded message comes on, select option 2 (to speak to an Agent). Our Participant Services representative will be glad to conference in the translator.

If you know of participants or dependents who have not called the Fund Office because they don't feel they speak English well enough, tell them we're ready to help. All we need to know is what language to speak.

Fondo oficina ofrece servicio de traducción para ayudar a los Participantes

La oficina del fondo se suscribe a un servicio que nos ayude a hablar con gente para quienes el inglés no es su idioma principal. Language Line Services nos permite tener una conversación telefónica de tres vías que incluye el participante, un representante de la participante de servicios de la oficina del fondo y un traductor de idiomas.

Language Line Services permite a la oficina del fondo hablar con gente en varios idiomas, incluyendo Español, Francés, Mandarín, Vietnamita, Birmano y más.

Para acceder a servicios del participante, llame al (800) 730-2241 y cuando se enciende el mensaje pre-grabado, seleccione la opción 2 (para

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Guidelines to Follow When Thinking About Retirement

So, you've met the age and service requirements for a pension and you're looking forward to your first pension check. The best way to make sure that happens promptly is to contact the Fund Office at least 45 days before you plan to retire.

What Should I Do First?

When you plan to retire, write to the Fund Office and provide us with your name, address, Social Security Number, and the date that you would like benefits to begin. Send your request to:

Warehouse Employees Union Local No. 730
Pension Trust Fund
Attn: Pension Department
911 Ridgebrook Road
Sparks, MD 21152-9451

After the Fund Office receives your request, we will send you a pension application and instructions about the application process, including a list of the required documents.

What Information Is Needed?

To receive benefits from the Fund, you must return a completed pension application to the Fund Office with copies of required documents such as your birth certificate. Be sure to complete ALL sections of the form. If you aren't sure about an answer, give the Fund Office a call. We'll help you.

Can I Choose The Form Of Pension Payment I Receive?

Yes. You can choose a form of payment in accordance with the options provided by the Plan. You may reverse this option election at any time prior to your benefit commencement date. If your benefits are suspended under the Re-Employment Rules, you may not make a new benefit election when your benefits resume.

Fund Office Needs Time To Verify Service Worked

When the Fund Office receives your pension application, there are a number of steps we must take before making your first payment. We contact your employer and verify all service worked (and if you've had more than one employer under the Fund over the years, we contact each one of them). This takes time. Telling the Fund Office ahead of time gives us a chance to do the background steps so that by the time your retirement date comes near, we've already confirmed your service and calculated your pension and can provide you with your benefit and payment options.

When Can I Expect My First Pension Check?

After the Fund Office has received your completed application, all of the supporting documentation, and you meet age and eligibility requirements, your pension benefits may become effective on the first day of the month following your date of termination. However, if all paperwork is not received by the 15th of the month, your application will be held one month. If that happens, your first check may contain two months of benefit.

When You're Covered under More Than One Plan

Many couples are covered under two different group health plans when both spouses work and each has health and welfare coverage through his/her employer. For example, a participant may be covered under this Plan and also under his/her spouse's plan. In order to determine which plan pays first and which pays second, the Fund (like most other group health plans) has what is called Coordination of Benefits ("COB") rules. These rules ensure that the Fund does not pay benefits on claims for which it is not liable.

How does it work?

If a person has coverage under two or more plans, or if a person is covered by the Fund both as a participant and a dependent, the order in which benefits are paid is determined as follows:

1. If you have primary coverage with the Fund, those benefits are paid first. Any remaining balance should be submitted to your spouse's plan for processing as the "secondary" payor. If the claim is for your spouse, his/her plan pays first. Any remaining balance should be submitted to the Fund (along with a copy of the

Explanation of Benefits showing how the primary carrier processed the claim).

2. If a covered child is the patient, the plan covering the parent whose birthday falls earlier in the year pays first (except children of legally separated or divorced parents. See page 91 of your Summary Plan Description for more information).
3. When the rules mentioned above do not establish an order of benefit determination, the benefits of the plan which has covered the person for the longer period of time shall be first.

What about HMO coverage?

If you or your eligible dependent has other coverage through an HMO (Health Maintenance Organization), be very careful! If the HMO coverage is primary and you don't use an HMO provider, you will **not** be eligible for secondary benefits under the Fund, since most HMOs cover all charges, if used properly.



**Warehouse Employees Union Local No.
730 Health and Welfare Trust Fund**

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (800) 730-2241
www.associated-admin.com



8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (800) 730-2241
www.associated-admin.com

COORDINATION OF BENEFITS UPDATE

Update for Yourself, Your Spouse, or Your Dependent(s)

Participant Name: _____

Participant SSN: _____

There is Other Group Coverage On (Choose One):

1) ___ Myself 2) ___ My Spouse 3) ___ Other Eligible Dependent

If spouse:

If other dependent:

a. Name:

a. Name:

b. SSN:

b. SSN:

c. Birth Date:

c. Birth Date:

d. Spouse's Employer

d. Spouse's Employer

Co. Name:

Co. Name:

Address:

Address:

Phone No. ()

Phone No. ()

Benefit/HR Dept.

Benefit/HR Dept.

(Contact Name)

(Contact Name)

Coverage is from:

___ Medicare A

___ Medicare B

___ Medicare D

___ Spouse's Employer

___ Other

___ Participant's Employer at Another Job

Insurance Co. Name:	
Address:	
Phone Number:	
Group Policy #:	Effective Date:

If more than one family member has more than one additional coverage, or if an individual is covered by more than one other policy, attach a sheet listing the information for each.

Is it an Active or Retiree Plan? ___ Active ___ Retiree

If other group coverage is for a dependent child, are the child's natural parents legally separated or divorced? ___ Yes ___ No

Are you/your dependent eligible for Medicare coverage? ___ Yes ___ No

Participant's Signature _____ **Date** _____

Send to: Fund Office
Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund
911 Ridgebrook Rd.
Sparks, MD 21152-9451

Pre-Certify Outpatient Procedures Through Cigna's Care Management Program

The following article applies to Active participants in Class E who have Fund coverage.

The Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund requires pre-certification for outpatient procedures through Cigna's Care Management Program. Cigna Care Management will assist you and your dependents to receive the right care, at the right time, in the right place.

How Pre-Certification Works

If you use an in-network provider, you don't need to do anything for pre-certification. The provider is responsible for getting the pre-certification for all required non-emergency in-network services.

If you use an out-of-network provider for non-emergency services, you are responsible for pre-certification. To do this, call the customer service phone number on the back of your Cigna ID card. A service representative will walk you through the pre-certification process.

What Services Need to Be Pre-Certified?

Your doctor will help you decide which procedures require a hospital stay and which can be handled on an outpatient basis. Inpatient services require you to stay overnight in a hospital or related facility. Outpatient services don't require an overnight stay.

Examples of Outpatient Services

- High-tech radiology (MRIs, CAT scans, PET scans, nuclear radiology)
- Injectable drugs
- Durable medical equipment (insulin pumps, specialty wheelchairs, etc.)
- Home health care/home infusion therapy
- Dialysis (to direct to a participating facility)
- External prosthetic appliances
- Cosmetic or reconstructive procedures
- Sleep management
- Transplants
- Radiation

Cigna's Pre-Certification Process Allows You To:

- Get the most appropriate inpatient and outpatient care
- Find lower cost services
- Avoid unnecessary or uncovered medical treatment or procedures
- Improve your health with case management services, which helps when you need extra assistance

Important: PLEASE READ! Even if CareAllies certifies that a procedure is medically necessary, **it does not guarantee payment of benefits. You must also confirm the procedure is covered by your Plan. So after you confirm "medical necessity" with CareAllies, take the second step of confirming the procedure is covered.** For questions about your coverage, contact the Fund Office.

Temporary ID Cards Can Be Printed From Your Home Computer

The following article applies to eligible Active **Class E and Class C** participants.

If you need a copy of your medical or prescription drug identification ("ID") card, you can print a temporary card by logging onto the provider's website and printing the card from home.

Before you begin, you will need to have the following:

1. A computer with internet access
2. Your customer ID or Social Security Number

Class E Participants Use Cigna HealthCare's Website. Eligible participants in Class E will first have to establish an account by logging onto www.myCigna.com. Once you have registered for myCigna, you can access your account over the internet in a safe, secure environment.

Detailed instructions:

1. Go to the myCigna website at www.myCigna.com and then click on the button marked "REGISTER NOW."
2. Enter your name and city into the required fields and then click on the button marked "Search."

3. Enter your personal information into the field and then click on the button marked "Next."
4. The registration procedure will prompt you in how to proceed.
5. On the bottom of the myCigna homepage, click on "Request New ID Card."
6. Follow prompts to print your ID card.

Class C Participants Use UnitedHealthCare HMO

Eligible participants in Class C with HMO benefits will have to establish an account by logging onto www.uhc.com. Complete the registration process by creating a username and password. Once created, you will be directed to the "myuhc" home page. On the right side of the page you will see the question "What would you like to do today?" Click on "Print an ID Card."

Besides using the internet to print ID cards, participants can always call the Fund Office at (800) 730-2241 to request one.

Where to Go When Medical Care Is Needed

Sprained ankle over the weekend? Fever late at night? If it's not an emergency, take a moment to review the options. Choosing the right place for your care can help you get the level of medical care you need. Plus, it can save you time and money.

ER

Open 24/7

If a situation seems life threatening, call 911 or go to the nearest ER. The general rule of thumb is that your symptoms, including the degree of severity, must be such that immediate care would normally be required.

The ER should be reserved for urgent problems and should not be used for general illnesses/injuries that could be treated at urgent care facilities, MinuteClinics, or at the doctor's office during regular office hours.

Some examples that generally signal an emergency:

- Heart attack
- Chest pains
- Cardiovascular accidents
- Poisonings
- Convulsions
- Loss of consciousness or respiration

Urgent care center

Typically open extended hours (nights and weekends)

For a minor mishap that requires medical care but isn't life threatening, consider visiting an urgent care clinic.

Examples of conditions treated:

- Minor cuts, sprains, burns and rashes
- Fever and flu symptoms
- Vomiting, diarrhea and stomach pain
- Urinary tract infections

Doctor's office

Regular clinic hours

Your doctor's office is the best place to go for routine or preventive care. For chronic health problems, such as low back pain or headaches, see your doctor so he or she can manage your care and/or direct you to a specialist for further treatment.

Examples of health care services offered:

- General health issues
- Preventive care, vaccines and screenings
- Referrals to specialty care

Convenience care clinic

Typically open extended hours (nights and weekends)

To visit a convenience care clinic, such as a MinuteClinic, no appointment is necessary. MinuteClinics are conveniently located in select retail grocery stores and drug stores, as well as certain corporate office buildings and college campuses.

Examples of conditions treated:

- Common cold/flu, sore throat or earache
- Rashes or skin conditions
- Vaccines

Call the Fund Office at (800) 730-2441 before receiving treatment to ensure services are covered, or log on to:

- www.cignasharedadministration.com.
- Select "Medical PPO Provider Directory" and then click "Cigna Facility and Ancillary Directory."
- Enter the zip code of the area you choose and click on "Continue Search." Scroll down the screen and select "Specialty." After you click on "Convenient Care Centers," you will be able to view all the various MinuteClinics in your area.

This is intended to be general health information and not medical advice or services. You should consult your doctor for medical advice or services, including seeking advice prior to undertaking a new diet or exercise program. The above information is provided by Cigna.

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hablar con un agente). Nuestro representante de Servicios Participante estará encantado de conferencia en el traductor.

Si usted sabe de los participantes o a sus dependientes que no han llamado a la oficina del fondo porque no sienten que hablan a Inglés lo suficientemente bien, decirles que estamos listos para ayudar. Todo lo que necesitamos saber es qué lengua hablar.



You Have 30 Days to Enroll Your New Dependent

Once you have satisfied the waiting period for coverage (worked at least 600 hours in six consecutive months for a participating employer), you may add a newly eligible dependent to your benefit coverage by notifying the Fund Office and completing a new enrollment form. In order for coverage to begin right away, you must enroll your new dependent – new spouse, newborn child, or adopted child – within 30 days from the date he or she became your dependent.

For example, in the case of a newborn, you must enroll him or her within 30 days from the date of birth for coverage to begin at birth. For a new spouse, enroll him or her within 30 days from the date of marriage for coverage to begin on the date you are married.

To ensure that your dependent has coverage from the first possible date, request a new enrollment form from the Fund Office **before** you have the baby (or get married, or whatever the situation may be) so you can mail it with supporting certifications to the Fund Office as soon as the event occurs.

How Do I Enroll My New Dependent?

- Log on to www.associated-admin.com, click on the words “Your Benefit” located at the left side of the screen, select “Warehouse Employees Local 730,” and under “Downloads (Forms)” print the enrollment form, or
- Call the Fund Office at (800) 730-2241 and ask for an enrollment form.
- Complete the form and return it to the Fund Office along with supporting documentation (baby’s birth

certificate, adoption papers and/or marriage certificate). Be sure to include your dependent’s Social Security Number on the enrollment form. This is very important! Enrollment will not be processed until we receive both the enrollment form (with your dependent’s Social Security Number) and the required proof of dependent status.

When You Don’t Enroll Within 30 Days Fund Coverage (Class E)

- If you fail to enroll your new dependent when he/she is first eligible, coverage will begin on the first day of the month following the date the Fund Office receives the enrollment form and documentation.

HMO Coverage (Class C – Adams Burch)

- If you don’t add your new dependent within 30 days of the event, you will have to wait until the HMO open enrollment in July for coverage beginning in August.
- Class C participants who have coverage through UnitedHealthcare HMO must complete two separate enrollment forms, one for the Fund Office and one for UnitedHealthcare.

Send Information To:

Fund Office
Warehouse Employees Union Local No. 730
Health and Welfare Trust Fund
Attn: Eligibility Department
911 Ridgebrook Road
Sparks, MD 21152-9451



Contact Group Vision Service for Optical Exams

The following article applies to eligible Active participants in Class C and Class E who have Health and Welfare benefits through the Fund.

Your vision benefits are provided through Group Vision Service ("GVS") which has many providers available through its relationship with EyeMed Vision Care. Using the GVS Select Provider Network, you have the option of going to independent providers or retail locations including LensCrafters, Sears Optical, Target Optical, JCPenney Optical and participating Pearle Vision locations. **You must use a vision provider in the GVS network.**

Locating a GVS Network Provider

- Find network providers at www.gvsmd.com. Click on "Provider Locator."
- Contact GVS customer service or use the Interactive Voice Recognition (IVR) system at (866) 265-4626 between 8:00 a.m. to 11:00 p.m. EST, Monday through Saturday, and 11:00 a.m. to 8:00 p.m. EST on Sunday.
- Schedule an exam with the provider of your choice. When scheduling your appointment, inform the provider that you are a GVS/EyeMed member and provide your name and date of birth. The provider will verify your eligibility and plan benefits prior to your appointment.
- Show your ID card at the time of service or provide your name and date of birth for quick verification of eligibility and plan coverage. It is not necessary to have your ID card when you go to your vision provider. They can verify your eligibility through your name and date of birth. If, however, you would like an ID card, call the Fund Office at (800) 730-2241 and we will be happy to send one to you.

- You will be responsible to pay the provider at the time of service for any co-payment or other cost that exceeds the plan coverage.

Group Vision Service strives to make it easy for members to manage their vision benefits. Below is the information on how to set up a username and password via the GVS web site to view:

- Benefit Details
- Service eligibility
- Claim Status
- Print an ID card
- Vision Wellness
- Email Customer Service

Personalized Member Website Access For Members to Access their Benefits:

- You must first register on the GVS website – www.gvsmd.com
- Under the MEMBER tab Click on member login
- When you enter the Member Site to Register for an Account - Use the LAST FOUR DIGITS of your Social Security Number and pick your own user ID.
- Site will send an Email confirmation and password selection

Please refer to pages 82 - 86 of your Summary Plan Description booklet for a description of your vision benefits.

Pensioners: Complete and Return The RIF Promptly

The Fund Office will soon be sending Retiree Information Forms ("RIFs") to all pensioners to be completed and returned to the Fund Office. The form is required by the Board of Trustees and asks questions about your current address, your beneficiary, whether you and/or your spouse have other health coverage, and whether you are employed.

Even if you completed this form last year, you still must complete and return this year's RIF. It is very important that the retiree complete all sections of this form and promptly send it back to the Fund Office. To assist you, the Fund Office will include a postage-paid, return envelope with the first mailing.

Helpful Reminders

- Let the Fund office know if you have a new telephone number: **This is very important if we have to contact you.**
- Do not attach checks or claims to the RIF.
- Report any earnings from all employers.
- Let us know if you, or your spouse, have other health coverage.
- Be sure to sign the RIF.

Failure to return the form may result in an administrative hold on your pension payments. Take the time now to complete and return the RIF as soon as possible.

**THE WAREHOUSE EMPLOYEES
UNION LOCAL No. 730 TRUST FUNDS**

911 Ridgebrook Road
Sparks, MD 21152-9451



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The Landover telephone number
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Sparks, Maryland has not moved.